



UMPQUA PUBLIC TRANSPORTATION DISTRICT

UPTD PARATRANSIT ADA ELIGIBILITY APPLICATION

PLEASE READ THIS SECTION BEFORE YOU BEGIN

About this form —

The Americans with Disabilities Act (ADA) ensures that people with disabilities receive public transportation comparable to the public transportation available to people without disabilities. UPTD provides origin-to-destination service also known as Paratransit — for individuals whose disabilities prevent them from using fixed route transit for some or all of their trip. Eligibility is based on functional ability, not medical diagnosis.

Who Should Complete This Form?

Anyone with a disability which prevents them from traveling to or from a regular bus stop, or from independently boarding, riding and getting off a regular fixed route transit vehicle. If you need assistance from another person, other than the driver, when riding a fixed route your Personal Care Attendant (PCA) rides at no cost.

Instructions:

- The applicant (or someone assisting them) must complete all sections as thoroughly as possible
 - Professional verification is optional
 - Submit via:
 - In-person: 516 SE Jackson St., Roseburg, OR 97470
 - Mail: 516 SE Jackson St., Roseburg, OR 97470
 - Email: cjohnson@umpquatransit.org
 - Questions: 541-440-6500. Hearing impaired can call 7-1-1 for assistance.
 - In addition, an in-person interview with UPTD staff may be scheduled to determine eligibility. Information regarding the UPTD Paratransit program and its services will be explained to applicants at that time.
 - Applicants will then be informed of UPTD's determination by mail
 - If your application is denied or conditioned, you have the right to appeal within 60 days of receiving the determination.
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Rights & Responsibilities

Your Rights

- Determination within 21 days
- Appeal rights if denied or conditioned
- No cost for PCA
- Service animals allowed

Your Responsibilities

- Provide accurate information
- Notify UPTD of changes
- Follow rider conduct policies



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First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth: _____ Male Female Other

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you currently use UPTD services? Yes No

If yes, which service? Fixed Route Paratransit Both

1. FUNCTIONAL ABILITY ASSESSMENT:

- a. How far can you travel independently (with or without a mobility aid)?:
- | | | |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Cannot travel independently | <input type="checkbox"/> To the curb | <input type="checkbox"/> 1 block |
| <input type="checkbox"/> 2-4 blocks | <input type="checkbox"/> ½ mile | <input type="checkbox"/> ¾ mile |

- b. Do you use any mobility aids?
- None Cane Walker Wheelchair Scooter
- Other: _____

- c. Can you independently board and exit a bus with a lift or ramp?
- Yes No Sometimes (explain) _____

- d. Can you wait at a bus stop for up to 15 minutes?
- Yes No Sometimes (explain) _____
-



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2. VISION & COGNITIVE FUNCTION:

Do you have difficulty:

- a. Recognizing destinations/stops? Yes No
- b. Understanding directions/schedules? Yes No

Do you need assistance to safely cross streets? Yes No

3. ENVIRONMENTAL BARRIERS:

What conditions prevent you from getting to a bus stop?

- None Requires sidewalks Steep terrain
- Requires signalized crossings Cannot travel in dark
- Weather sensitivity/thresholds Other: _____

4. CONSISTENCY OF ABILITY:

Your ability to use fixed route is:

- Always limited Sometimes limited (explain): _____
- Not limited

5. TRAVEL SCENARIOS:

When can you use the regular bus? Please indicate whether you could use UPTD fixed route bus service under the following conditions:

	Yes	No	Sometimes
When weather is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With travel training is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the bus stop is closer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daylight hours only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. TRAVEL SUPPORT NEEDS:

Personal Care Attendant (PCA)

Do you require a Personal Care Attendant (PCA) to travel?

- Yes No Sometimes



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If yes or sometimes, what assistance will the PCA provide:

- Assistance with mobility Assistance with navigation
- Assistance at destination

If yes or sometimes, when is a PCA needed?

- All trips Certain trips (please explain)_____

A Personal Care Attendant (PCA) assists with personal needs and rides at no cost when accompanying an eligible rider.

Service Animal

Will you travel with a service animal?

- Yes No

(Optional) What task or work has the animal been trained to perform?

7. APPLICANT OR REPRESENTATIVE CERTIFICATION:

I certify the information provided is true and accurate.

Signature: _____

Date: _____

Relationship: _____

Functional limitations:

- Cannot travel independently
- Cannot navigate system safely
- Cannot reach stops
- Condition varies

Duration:

- Temporary (until _____)
- Permanent



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8. PROFESSIONAL VERIFICATION:

Professional verification is not required to apply for ADA Paratransit eligibility. However, UPTD may request additional information, including professional input, if needed to make a determination based on the applicant's functional ability to use fixed route service.

Professional Name: _____

Title/License: _____

Organization: _____

Phone: _____

Does the applicant have a disability affecting transit use?

Yes No

Functional limitations:

- Cannot travel independently
- Cannot navigate system safely
- Cannot reach stops
- Condition varies

Duration:

- Temporary (until _____)
- Permanent

Signature: _____

Date: _____

UPTD INTERNAL USE ONLY

Verification Requested: Yes No

If yes, reason: _____

Eligibility Determination:

- Eligible – Unconditional
- Eligible - Conditional
- Temporary (expires _____)
- Not Eligible



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Functional Basis:

- Cannot board/ride
- Cannot reach stop
- Conditional barriers
- Other: _____

Received Date _____

Review Date _____

Approved for Paratransit Service **Yes**

Reviewed by: _____



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